Democratic Precinct Board Form – 2016 General Election

Submit to Marion County Democratic Party

155 E. Market St., Suite 400 Indianapolis, IN 46204

Phone: (317) 637-3366

Email: Joshua.lindo@indydemocrats.com

Reminders: Each person you nominate must:

Be a registered voter in MARION County

May not be related to a candidate on the precinct's ballot

Use this form to nominate your precinct election board members for the Nov. 8, 2016 General Election. *Please submit by October 3rd 2016*.

Give their name (no nicknames) and address as it appears at Voter Registration Show a Democratic vote in the most recent primary if they have voted in a Primary

Cast an absentee vote if they are serving in a precinct other than the one where they

INSPECTOR: Full Name: DOB: / / Address: ZIP: Cell Phone: _____ Home Phone: _____ E-mail Address: Recently Moved or Changed Name? YES NO If YES, please give former name and/or address: JUDGE: Full Name: ______ DOB: ____/____ ZIP: E-mail Address: Recently Moved or Changed Name? YES NO If YES, please give former name and/or address: Full Name: ______ DOB: ___/____ **CLERK:** Address: City & Zip: Cell Phone: _____ Home Phone: _____ E-mail Address: Recently Moved or Changed Name? YES NO If YES, please give former name and/or address:

Township:

Ward:

Precinct:

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2nd SHIFT POSITIONS

JUDGE:	Full Name:		DOB:/	_
	Address:	City & Zip:		_
	Cell Phone: Home Phone:			_
	E-mail Address:			
	Recently Moved or Changed Name? YES NO			
	If YES, please give former name and/or address:			
CLERK:	Full Name:		DOB://	
	Address:	City & Zip:		_
	Cell Phone: Home Phone:			_
	E-mail Address:			
	Recently Moved or Changed Name? YES NO			
	If YES, please give former name and/or address:			
Please submit	t by October 3 rd , 2016. If you can't make this deadline, notify Demo	ocratic Headquar	ters or the Election Boan	rd off
Precinct Con	nmitteeman:			
Home Phone:	: Cell Phone:			
Ward Chairn	man:			
Home Phone	: Cell Phone:			